



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

www.hivcommission-la.info

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

February 1, 2011

Approved
2/22/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/CONSULTANTS
Carla Bailey, Co-Chair	Anna Long	Jeff Bailey	Rita Maranohoj	Jane Nachazel
Michael Johnson, Co-Chair	Abad Lopez	Mark Davis	David Pieribone	Glenda Pinney
Al Ballesteros		Susan Forrest	Carlos Vega-Matos	Craig Vincent-Jones
Douglas Frye		Jeffrey Goodman	Juhua Wu	
Michael Green		Paul Meza		
Bradley Land		Scott Singer		
Ted Liso		Kathy Watt		
Quentin O'Brien		Jason Wise		
Tonya Washington-Hendricks				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 2/1/2011
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 12/21/2010
- 3) **PowerPoint:** Overview Oral Health Care Services, 2/1/2011
- 4) **Monthly Update:** Monthly Update, OAPP, 1/31/2011
- 5) **Spreadsheet:** Ryan White Part A, Single Allocation Model (SAM) Care and MAI Year 20 Expenditures by Service Categories, Grant Year 20 Ryan White Funding Expenditures as of November 30, 2010, 1/31/2011
- 6) **Summary Key:** Ryan White Part A and B Expenditures by Service Categories, 6/17/2010
- 7) **Report:** FY 2008 Minority AIDS Initiative Annual Report Narrative, 2009
- 8) **Memorandum:** Minority AIDS Initiative (MAI) Plan for Fiscal Years 2010 – 2012: Recommendations for Commission Approval, 10/8/2009
- 9) **Report:** 2008 Part A MAI Yearend, Los Angeles, CA, H3MHAO8446, 1/25/2010
- 10) **Table:** FY 2011 Service Category Priority Rankings and Allocations, 11/30/2010
- 11) **Policy/Procedure:** Priority- and Allocation-Setting Framework and Process, 2/1/2011

1. **CALL TO ORDER:** Mr. Johnson called the meeting to order at 1:45 pm.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (**Passed by Consensus**).

3. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the 12/21/2010 Priorities and Planning (P&P) Committee Meeting Minutes (**Passed by Consensus**).

4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED:** Mr. Vincent-Jones said Mr. Bailey advised him many oral health providers could not attend the presentation as they have clinical hours. He acknowledged to Mr. Bailey that the notification was short, but noted the presentation is the same as heard at a previous OAPP provider meeting, and it was, more importantly, intended to just let them know that the presentation was being given to the P&P Committee.

Priorities and Planning (P&P) Committee Meeting Minutes

February 1, 2011

Page 2 of 6

6. PUBLIC/COMMISSION COMMENT FOLLOW-UP: There were no comments.

7. CO-CHAIRS' REPORT:

A. **Co-Chair Nominations:** Messrs. Ballesteros and Land were nominated. Nominations will close prior to 2/22/2011 elections.

B. **Meeting Schedule:**

- Mr. Vincent-Jones said staff is trying to consolidate meetings into a couple of weeks to allow time for other work.
- Ms. Watt noted the Comprehensive Care Planning Task Force reviewed calendars and found it hard to move, especially as many members also attend P&P. They hoped the Joint Public Policy Committee might move.
- ⌚ Possible alternate P&P date third Tuesday of month, but JPP will also be asked to consider alternate dates.

C. **Committee Work Plan:**

- Mr. Johnson reported once each committee has co-chairs, the Commission Co-Chairs will work with them to assess FY 2010 plans and develop FY 2011 plans for committee review. Mr. Vincent-Jones noted previous projects will be reviewed via the lens of new Commission priorities, e.g., HCR and 1115 Waiver.
- Dr. Green said new Commission priorities may be assessing HCR or consumer education, but he felt the primary Part A planning council primary responsibilities are prioritizing service categories and allocating funds, which have a different focus.
- Mr. Land said he the Commission had to understand need and be mindful of other systems of care to do P-and-A well, e.g., the Denti-Cal cut affected the Ryan White (RW) system. Issues also remain in getting services to the street. Mr. Vincent-Jones added that both legislation and HRSA guidance details details comprehensive care planning, consumer needs assessment, and numerous other Part A planning council responsibilities which correlate directly with the Commission's new priorities, e.g., how do you do a proper comprehensive care plan without assessing major health trends that are impacting Ryan White services?

D. **Data Summit:**

- Ms. Pinney reported that approximately 90 people attended the 1/21/2011 Data Summit. Evaluation sheets so far have been relatively positive, although several noted that some attendees did not understand the purpose of the Data Summit.
- Mr. O'Brien felt it was heavy on how data is constructed and how to use it but, contrary to previous events, light on current data. He felt the event should be better described to identify the appropriate audience.
- Mr. Goodman said the room was so diverse that appealing to everyone would have been hard. Mr. Vincent-Jones said the Summit was intended for entry-level data training. That was described on the flyer, but clearly not understood by all—which needs to be addressed the next time the Commission does the event.
- He added the Commission had felt a need for basic training while the Prevention Planning Committee (PPC) was interested in new data. The Commission attempted to coordinate meetings with the PPC, but that did not work out. He went on to say that the summit had been recorded, so that will eventually be made available as a training on the Commission's website. With that available, the Commission may choose to do a "new data" summit in the future.
- ⌚ Better define FY 2012 Data Summit goals and benefits, e.g., add learning objectives to flyer and use more descriptive title. Consider two tracks, alternate years of background and data.

E. **Los Angeles Countywide HIV Needs Assessment (LACHNA):**

- Ms. Pinney reported interviews have begun and should be completed in about three months. The incentive is \$30 for a 30- to 45-minute interview. Dr. Frye noted having consumers take the survey themselves has cut time required per survey to about a third.

8. FY 2010 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:

A. **Oral Health Care:**

- Mr. Vega-Matos, Chief, Care Services Division, OAPP, reported on an historical review of allocations, spending patterns, and services provided and received. The goal was to improve understanding of service scope and intensity, expansion of services in underserved communities and response to the 2009 Denti-Cal cuts to inform solutions to challenges and barriers in service delivery and access. The review covers FY 2006 – 2010 Ryan White (RW) Part A and MAI funds.
- Service information is from Casewatch and fiscal information from the Financial Services Division. FY 2010 data is partial.

Priorities and Planning (P&P) Committee Meeting Minutes

February 1, 2011

Page 3 of 6

- There are eight general providers with USC also offering endodontic care. Investments have risen to nearly \$2.4 million in FY 2010 with most from Part A and about \$750,000 from MAI. There are data limitations, e.g., protracted MAI process negotiations in 2007 caused skewed data on what was allocated and spent that affected utilization data.
- Allocations and expenditures are close until FY 2007, but start to diverge in FY 2008 as FY 2009 allocations were delayed, resulting in FY 2008 contract extensions and a short turnaround for FY 2009 contracts. State budget cuts also began.
- Dr. Davis asked about the next RFP. While not planned, Dr. Green noted existing contracts can be amended without an RFP. Contracts can also be initiated with new providers through other Board processes, which OAPP is currently using.
- Unduplicated clients have risen: FY 2006 to 2007, 8%; FY 2007 to 2008, 37%; FY 2008 to 2009, 33%; for a total FY 2006 to 2009, 96%. Client visits increased 138% from FY 2006 to 2009, which includes those absorbed from Denti-Cal. Procedures increased 152%, assisted by Level 4 and laboratory funds helping clients salvage teeth, reducing visits and costs from \$3,068 to \$623.
- Regarding demographics: clients are 84% Male and 14% Female; 52% Hispanic, 27% White and 17% Black. Utilization by client SPA residence is: SPA 1 – 2%; SPA 2 – 14%; SPA 3 – 8%; SPA 4 – 35%; SPA 5 – 3%; SPA 6 – 10%; SPA 7 – 7%; and SPA 8 – 21%.
- Staff capacity is drawn from oral health budget line items, including consultant clinical staff and reconciliation reports. Dentists, hygienists and dental assistants have all increased. Overall, FTE staff has increased from about 10 to about 22.
- Mr. Vega-Matos said OAPP continued to hear access concerns despite increased capacity. In response, the Quality Management Team and program managers coordinated a oral health clinic “secret shopper” survey on obtaining an appointment for a medically indigent PWH. Only two of the eight clinics responded knowledgeably and professionally.
- Key issues identified by OAPP are: staff lack of familiarity with services, including availability, location and service hours; inconsistent information provided to clients, including lack of referral information and documentation requirements; lack of consumer-friendly access, including closed systems and documentation as a pre-condition for appointment.
- OAPP discussed issues with providers and is discussing ways to streamline the system with the Medical Advisory Caucus. It is also developing an oral health providers’ guide with streamlined referrals and a protocol to make appointments based on access to additional Casewatch fields rather than paperwork. A letter to providers is being drafted that states the system must be open to any eligible County PWH seeking oral health services or the provider must relinquish its contract.
- Mr. Land hoped Medical Care Coordination (MCC) will help. Dr. Davis felt the County was doing well considering there are six HIV dentists and one hygienist. Mr. Vega-Matos noted increased deployment was fast, so issues are being resolved now.
- Only two providers have significant expansion capacity, but Dr. Green said some potential new providers have been identified.
- Dr. Davis asked about efficiency. Mr. Vega-Matos replied fiscal and programmatic monitoring reports address that. He felt increasing providers overall will be critical as well as equipment, dentists, hygienists and staff.
- Mr. Vincent-Jones asked if there was a correlation between secret shopper results and provider monitoring. Mr. Vega-Matos replied there was not, but training is being developed for all oral health providers. Dr. Sayles is working with providers on streamlining the referral protocol to improve access while meeting RW requirements. There are three trouble points: clients accessing the provider, provider referral to oral health provider, and securing the appointment.
- OAPP tried to identify those absorbed from Denti-Cal by comparing those new to the provider and those new to RW, but data was poor. Regarding capacity calculation, OAPP has begun asking how many unduplicated clients, visits and procedures can be provided with two chairs, a dentist, hygienist and dental assistant. Those best able to answer are larger providers who can also better estimate those absorbed from Denti-Cal as they served both populations. Mr. Vega-Matos felt a large percentage of the FY 2009 client increase was due to Denti-Cal client absorption.
- Mr. Ballesteros encouraged education with physicians to make appropriate referrals. He added emergent care is still paid by the state, so emergent procedures for those with Medi-Cal can be identified and then billed to the state.
- Mr. Vega-Matos said documents are not needed to make an appointment, but are needed to be seen. OAPP is developing a process to waive documentation in an emergency. OAPP will reimburse clinics for labs if needed so care is not delayed.

Priorities and Planning (P&P) Committee Meeting Minutes

February 1, 2011

Page 4 of 6

- Ms. Forrest suggested all receiving HIV medical care get a dated card to verify documentation on file. Mr. O'Brien said, as an open system, it would be hard to create a generally accepted card. Even closed systems have card and centralized intake problems. Now he can independently assess eligibility and integrate scheduling with multiple funding sources.
- Dr. Davis noted little university support for public health careers. Students also graduate \$200,000 to \$300,000 in debt, so seek more lucrative positions. Mr. Bailey noted schools have difficulty getting enough clients for their students, so are unwilling to refer students to RW clinics. Mr. Vega-Matos added contracting with universities is hard.
- Mr. Vega-Matos noted County system problems as well, e.g., DPH eliminated its dental health consultant and DHS has reduced oral health services. He felt the RW system deserved credit for building this system over three-and-a-half years. Any large expansion will have issues, but they have been identified and are being addressed within current capacity.
- Mr. Singer felt the discussion framed service as a commodity. Good care is about a relationship. Someone new to the system differs from someone in it, e.g., if someone in Home Care is not getting their TB test, that becomes a treatment goal. Such support should be credited and paid. He suggested a county ombudsman to follow-up on service refusal.
- Mr. Vincent-Jones asked about the sliding scale. Mr. Vega-Matos said contract-covered services are on a scale, but RW requires them even if the client cannot pay. A fee can be charged for uncovered services, i.e., not needed for health.
- ➡ OAPP will be doing "secret shopper" surveys for all service categories going forward.

B. **Benefits Specialty:** This item was postponed.

C. **Health Insurance Premiums/Cost-Sharing (HIPP/C-S):**

- The Standards of Care (SOC) Committee has not yet written a standard ,and has sought community input prior to doing so. Input will also be provided to OAPP to aid in RFP development. Mr. Vincent-Jones reported the two focus groups for consumers and providers were completed and went relatively well. Transcripts were received last week.
- ➡ Transcripts are being reviewed and a summary will be prepared shortly.

D. **Medical Transportation Utilization:** This item was postponed.

9. FY 2010 EXPENDITURES:

- Dr. Green said OAPP committed to a written report to P&P each month on programmatic updates, new services, policy changes, HRSA news, etc. It will also support discussion of fiscal report aspects, e.g., OAPP funding recommendations.
- Mr. Johnson noted he, Ms. Bailey and Mr. Vincent-Jones met with Mario Pérez and the OAPP leadership team on a variety of topics. The Commission agreed to start providing draft minutes within 72 hours of meetings.
- Dr. Green updated implementation of the FY 2010 underspending plan approved by the Commission on 12/9/2010. OAPP is in the process of amending Medical Outpatient (MO) contracts to increase Therapeutic Monitoring Program funds for providers who have neared full expenditure of their contracts. OAPP is similarly amending Nutrition Support contracts. OAPP expects to fully expend Part A funds by 2/28/2011 through these reallocations.
- The new SPA 1 one-stop medical home model services contract went into effect 1/1/2011. Existing MO contract terms were extended until the end of June to facilitate transfers to Tarzana Treatment Center for those who choose to do so. Tarzana Treatment Center already had one clinic in Lancaster and will open one in Palmdale within ten weeks.
- OAPP met with providers 1/18/2011, followed by a consumer meeting to introduce services. More meetings are planned.
- RFP and contract updates: Residential Care, including RCFCI and TRCF: funding recommendations released 12/2010, contracts expedited to begin 3/1/2011; MO and Medical Specialty: RFP external review to be completed the same week and internal review the following two weeks; Comprehensive Data Management System: scheduled for release by 2/28/2011 after IT County Counsel review; Benefits Administration, including Transportation and HIPP: scheduled for release by 2/28/2011, pending additional information from HRSA and DHS, and County Counsel-final approval.
- Other RFPs scheduled for 2011 release: Mental Health (Psychiatry and Psychotherapy) and Substance Abuse Treatment, which are likely to be combined; Hospice and Skilled Nursing, which may be contracted either through RFP or a work order request which takes less time; and MCC, currently being piloted in SPA 1 with an additional 5P21 pilot site anticipated through the patient-centered medical home study funded by California HIVAIDS Research Program; RFP to follow.
- ➡ Add "Office of AIDS Programs and Policy (OAPP) Report" item to agenda.

A. **Maintenance of Effort:** This item was postponed.

B. **Minority AIDS Initiative (MAI):**

- MAI carryover requests are allowed, but must include a plan. Carried over funds are added to the next year's total funding. The \$1,069,341 in underspent funds may seem high, but reflects five months of contract term overlap due to the re-alignment of terms from ending July 31st to alignment with Part A ending February 28th.

Priorities and Planning (P&P) Committee Meeting Minutes

February 1, 2011

Page 5 of 6

- OAPP recommends using the carryover for another service category, Transitional Case Management (TCM). MAI now supports Early Intervention Services (EIS), part of which links the post-incarcerated to medical care. While effective at initial connection, EIS has not closed the loop as TCM does. EIS served 120 incarcerated clients in the last MAI cycle, but only 14 made their first appointment post-incarceration.
- On an MAI-related matter, Dr. Green recommended shifting all oral health funding to Part A. The two funding sources require different reporting requirements, which is confusing and labor-intensive for providers with dual contracts. He felt it would also streamline MAI planning to better address minority access and retention issues. Most oral health funding is already in Part A. The 2008 MAI oral health plan focused on education and outreach, but those efforts were not operationalized.
- Ms. Watt asked why OAPP recommendations could not be reviewed at the current meeting. Mr. Vincent-Jones responded that MAI is under the overall expenditures item, and is not listed on the agenda as an allocations discussion. He added that Brown Act requirements necessitate items be agendized in advance, but he had not been alerted to the recommendation. The Commission is particularly strict, in addition, about allocation discussions as they are a primary P&P responsibility and are subject to conflicts of interest.
- The Commission can accept items for the agenda up to the Brown Act-required 72-hour meeting notice designed to ensure people are aware of and prepared to discuss items. Mr. Land asked if OAPP could submit a motion. Mr. Vincent-Jones replied it could if the Co-Chairs agree, but recommended any motion be broad to allow Committee flexibility to revise and amend it.
- Dr. Green said the Monthly Update will normally be submitted one week in advance. This was delayed as it is the first and was being fine-tuned. Rather than motions, OAPP will put recommendations in a "Request for Action" section.
- ➡ Agendize for next meeting: OAPP recommendation to move \$1,069,341 in MAI underspent funds to TCM.
- ➡ Agendize for next meeting: Discuss shift of all OH funding from MAI to Part A.

C. FY 2010 Financial Expenditures Reports:

- Dr. Green noted the format has been changed slightly to identify expenditures by funder to show where underspending occurs within different grant terms in order to maximize each grant. For example, the re-allocation of Part A funds now reflects that Part A will be fully expended, but Part B SAM funds show underspending of \$1,297,182. MAI has a separate sheet. It reflects underspending of \$1,069,341. OAPP has recommendations for Part B SAM and MAI underspending.
- Page 3 provides an overview, including \$4,401,786 in NCC for Residential Services and \$377,089 in state DPH Substance Abuse Prevention and Control pass-through funds for substance abuse and MO services.
- Mr. O'Brien asked about other NCC. Dr. Green replied these NCC funds are the only ones for categories under planning council jurisdiction. He added there is a separate annual report on the full \$17.8 million in NCC.
- Dr. Green said HRSA does allow some Part A carryover, but imposes many conditions so it is important to fully expend Part A by the end of the grant term. Part B SAM Care funds cannot be carried over from the June 30th grant term end.
- ➡ Agendize for next meeting: OAPP recommendation to allocate \$1.3 million in SAM Care funds to Residential Care (priority 13). It would fund a category that now has no allocation and would expend SAM Care funds by 6/30/2011. The allocation is contingent on Office of AIDS (OA), as well as Commission approval. Dr. Green will request OA approval.
- ➡ Ms. Pinney and Dave Young, Chief, Financial Services Division, will revise the Summary Key to reflect changes.
- ➡ Revise Expenditures Report to use "Part B" rather than "SAM Care" to better reflect the RW legislative charge. The matter will be revisited if non-Part B funds become a part of the State funding resource in future.

10. PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:

A. Priority- and Allocation-Setting (P-and-A) Framework and Process:

- Mr. Vincent-Jones reported that last month's P&P gave general consent to a two-year P-and-A cycle with one year a comprehensive P-and-A process followed by a second-year review. The approved Priority- and Allocation-Setting (P-and-A) Framework and Process Policy/Procedure will need to be revised. He provided a draft of revisions for review and suggested opening public comment at the 2/10/2011 Commission meeting.
- A detailed timeline will be needed after the policy/procedure. Mr. Goodman has already done significant work on that and it can be finalized when discussing the work plan.
- Ms. Watt respected the direction of the draft, but felt P&P was still discussing options and there was little time left in the meeting for that discussion.

Priorities and Planning (P&P) Committee Meeting Minutes

February 1, 2011

Page 6 of 6

- Ms. Washington-Hendricks agreed P&P had discussed several options and wanted to discuss this at her SPA meeting.
- ⌚ Continue discussion at the next meeting.

B. Service Category Presentations: This item was postponed.

11. FY 2011 PRIORITY- AND ALLOCATION-SETTING (P-and-A) REVISIONS: This item was postponed.

12. FY 2012 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS: This item was postponed.

13. RESOURCE ANALYSIS SUBCOMMITTEE: This item was postponed.

14. NEXT STEPS: This item was postponed.

15. ANNOUNCEMENTS: There were no announcements.

16. ADJOURNMENT: The meeting was adjourned at 4:45 pm. The next meeting will be 2/22/2011, 1:30 to 4:30 pm.